

EARLY MENTAL HEALTH INITIATIVE PROGRAM SUMMARY

1. Type of Application proposed for EMHI funding (mark appropriate box with an "X"). NOTE: No more than one of each type of application may be submitted per district, except for districts that are regionalized administratively.						
Primary Intervention Program (PIP) <input type="checkbox"/>		Other Model <input type="checkbox"/>		Other Model and PIP <input type="checkbox"/>		
Enhanced PIP <input type="checkbox"/>		Enhanced Other Model <input type="checkbox"/>		Enhanced Other Model and PIP <input type="checkbox"/>		
2. Expansion of Existing Model to Other Sites Within the LEA: <input type="checkbox"/> YES <input type="checkbox"/> NO						
3. PART 1 HAS BEEN COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE						
4. Name of Applicant (LEA) and Mailing Address:				5. County:		
Superintendent Name:				Telephone:		
6. Project Coordinator Name and Mailing Address:				Summer Address:		
Telephone:		FAX:		Summer Telephone:		
Project Coordinator E-Mail Address:						
7. Name of school sites (in alphabetical order) where proposed model will be implemented. Enter the Cluster or Region Number or Letter after school site, if applicable:	Regional Identifier	A. Augmentation of Existing Services at Listed School Site (X)	B. Modified Traditional (MT) or Year-Round Sites (YR)	C. Receiving Healthy Start Funds (O or P)	D. Formerly EMHI Funded (enter last year of state funding)	E. Locally Funded (enter last year of local funding)
1.		<input type="checkbox"/>				
2.		<input type="checkbox"/>				
3.		<input type="checkbox"/>				
4.		<input type="checkbox"/>				
5.		<input type="checkbox"/>				
6.		<input type="checkbox"/>				
7.		<input type="checkbox"/>				
8. Total Number of Child Aides and Combined Number of Hours to be Worked per Week: _____ # of Aides/Combined Hrs.	9. Estimated Number of Students to Receive Direct Services for One Year with Grant Funds : _____	10. Estimated Number of Parents, Teachers, and/or Students To Receive Indirect Services for One Year with Grant Funds _____ Parents Teachers Students		11. Grant Request (One Year): \$ _____	12. Percent of Grant Request to Total Program Cost: _____ %	
13. Estimated Cost Per Student (Grant Funds Only) to Receive Direct Services. \$ _____	14. Total Number of K-3 Students Enrolled at Proposed Sites _____	15. Cooperating Mental Health Entities: _____ _____ _____				
16. Key Professional Staffing Summary:						
<u>Name</u>		<u>Role in Program</u>			<u>Hours per Week</u>	

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17. Clearly describe the basic elements of the proposed services to students, staff, and/or parents:

18. Describe the sequence of implementing the program services from the beginning to end (number each sequence):

19. Name of Person from LEA to Contact:

In the event that there are questions about this application, the following individual will be the only point of contact between the DMH and the LEA.

Typed Name: _____ Title: _____

Email Address: _____

Telephone Number: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE EMHI PROGRAM SUMMARY

All of the required program information must be placed on the form in the space allowed. Additional pages may NOT be added except to list additional school districts, key professional staff, and/or cooperating mental health entities.

1. **Type of Application:** Mark with an "X" the type of application proposed for EMHI funding. The services proposed in the application must be described in detail in Part 3: Application Narrative. Definitions of the six different models are as follows:

- Primary Intervention Program (PIP): Direct service model using one-to-one, nondirective play techniques delivered by trained and supervised child aides.
- Other Model: Direct services that are not PIP.
- Other Model and PIP: Combination of Other model and PIP.
- Enhanced PIP: Direct services are PIP and indirect services are provided to parents, teachers, and/or classrooms
- Enhanced Other Model: Other model direct services and indirect services provided to parents, teachers, and/or classrooms.
- Enhanced Other Model and PIP: Other model and PIP with indirect services provided to parents, teachers, and classrooms.

This section only applies to the specific type of application and does not include expansion or augmentation of existing services. See item 2 for expansion of services and item 6.a. for augmentation of services at the listed school site.

2. **Expansion of Existing Model to Other Sites Within the LEA:** Mark with an "X" either Yes or No if the application is for the expansion of the existing model to other school sites within the LEA.
3. **Part 1 Has Been Completed:** Mark with an "X" the box labeled Yes if Part 1 has been completed for any of the school sites listed in this application; otherwise, mark with an "X" the box labeled "Not Applicable".
4. **Name of Applicant (LEA):** Enter the complete name (no abbreviations) of the LEA (County Office of Education or School District) that is applying for EMHI funding. Enter the LEA mailing address. Enter the LEA Superintendent's name and telephone number, including the area code.

When an application is submitted by a county office of education or jointly by two or more school districts, designate the county office of education or one of the school districts as the LEA and enter its name and mailing address on the form. Enter the name of the designated LEA superintendent and telephone number. Do not list more than one LEA on this form. County office of education or joint school district applications may include a separate page listing each district, the district mailing address, and each school site in that district where the proposed EMHI funded model will be implemented.

5. **County:** Provide the county where the Local Education Agency (LEA) is located.
6. **Project Coordinator:** ONLY ONE PROJECT COORDINATOR MAY BE DESIGNATED FOR EACH GRANT APPLICATION. Enter the name, mailing address, telephone, FAX number, and e-mail address for the designated project coordinator. Enter the project coordinator's summer address and telephone number. This information is important during the program/budget negotiations that will occur during the summer months. If the designated project coordinator will be unavailable during the summer months, enter the name, summer address and telephone number of a person knowledgeable about the application who can be contacted by state staff should questions arise concerning the application.
7. **Names of School Sites Where Proposed Model will be Implemented:** List the names of all school sites in alphabetical order where the proposed model will be implemented. If the district is regionalized administratively, put the region/cluster number or letter after each school site. Refer to the RFA for requirements that pertain to districts that are regionalized administratively.
- A. **Augmentation of Existing Services at Listed School Site:** Mark an "X" if existing locally funded services are being augmented at the school sites listed in response to number 6.
- B. **Modified Traditional (MT) or Year-Round (YR) Sites:** Mark an "MT" for each site that is on a modified traditional schedule and "YR" for each site that is on a year-round education schedule. Include a copy of the school's calendar in the application.
- C. **Receiving Healthy Start Funds:** If any of the listed sites currently has a Healthy Start Operational or Planning Grant, mark either an "O" (for Operational) or "P" (for Planning) on the appropriate line next to that site.
- D. **Formerly EMHI Funded:** If any site listed in number 6 was formerly funded through EMHI or PIP, enter the year the state funding ended.
- E. **Locally Funded:** If any site listed in number 6 was formerly funded through EMHI or PIP and the program was continued with local funding, enter the last year of local funding. If the school site is currently operating a locally funded program at the time this application is being made, enter a "C."

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8. **Total Number of Child Aides and Combined Number of Hours Worked per Week:** Enter the total number of child aides that will deliver direct services to identified students in the proposed model. Enter the combined total number of hours they will work per week. For example, two child aides will each work 15 hours a week: 2/30. This section does not apply for applicants proposing enhancement services that do not include grant funded child aide staff.
9. **Estimated Number of Students to Receive Direct Services for One Year with Grant Funds:** Enter the estimated total number of students to receive direct services with grant funds through the proposed model in one year. The estimate should only include students who will have at least four service contacts in one year.
- If the proposed model will employ child aides, a standard formula to be used when estimating the number of identified students to be served is: Each 15 hour/week child aide will provide individual (one to one) services to approximately 12 students a cycle. If the school site is on a traditional or modified traditional schedule, there will be two cycles a year. If the school site is on a multi-track year-round education schedule, there will be two to three cycles a year. For example: One 15 hour/week child aide will see 12 students at a traditional year school site, therefore 24 students will be served in a year ($1 \times 12 \times 2 = 24$). The same ratio must be used for child aides who will work more than 15 hours a week.
10. **Estimated Number of Parents, Teachers, and/or Students to Receive Indirect Services for One Year with Grant Funds:** Enter the estimated total number in the designated space of parents, teachers, and/or students to received indirect services with grant funds through the proposed model in one year. This section only pertains to Enhancement applications.
11. **Grant Request (One Year):** Enter the amount of STATE grant funds requested for one year. This figure should be the same amount as line 23 of the budget form and on the Grant Request Form. This amount should reflect the estimated cost of the third year of program operation.
12. **Percent of Grant Request to Total Program Cost:** Enter the percent of the grant request in relation to the total program cost. For example, if the total program cost is \$80,000 and the grant request is \$32,000, the percent of the grant request is 40% ($\$32,000/\$80,000 = 0.40$). GRANT REQUESTS THAT EXCEED 50% OF THE TOTAL PROGRAM COST WILL BE PENALIZED DURING THE SCORING PROCESS.
13. **Estimated Cost Per Student:** Enter the estimated cost per student to be served in one year. To determine the estimated cost per student, divide the Grant Request (number 11) by the Estimated Number of Students to Receive Direct Services with Grant Funds (number 9). If the application is for Enhancement Services only, mark "N/A" in this section since there will not be a cost per student.
14. **Total Number of K-3 Students Enrolled at Proposed Sites:** Enter the total enrollment of all students in grades kindergarten through third grade at the sites listed in number 6.
15. **Cooperating Mental Health Entities:** List the names of all cooperating mental health entities that will participate on the proposed model. You may include additional cooperating mental health entities on a separate page if there is not sufficient space on this form.
16. **Key Professional Staffing Summary:** List the name, role and total hours per week devoted to the proposed model for each key professional staff, including staff from the cooperating entity (do not list child aides), who are proposed to work on the EMHI funded model. **DO NOT USE FULL TIME EQUIVALENTS (FTEs).**
17. **Clearly describe the basic elements of services to students, staff, and/or parents:** Briefly describe the proposed program services model and what it will accomplish.
18. **Describe the sequence of implementing the program services from the beginning to end:** List the activities that will occur to accomplish program goals (quantify where possible). Be brief (one or two sentences per item) yet specific.
19. **Name of Person from LEA to Contact:** Enter the name, title, date, email address and telephone number of the person to contact should there be questions regarding this application. Failure to designate a contact from the LEA will result in a deduction of points.